

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/					
TOTAL DEP.						

	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/			
TOTAL DEP.				
TOTAL IND.				

IND. OR AMENDMENT U.S.

*MAY BE USED FOR ADDITIONAL C

AIMS OR AMENDMENTS	U.S.
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